A PSYCHIATRIC CLINIC AT THE CHICAGO HOUSE OF CORRECTION

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In recent years much has been said, in a more or less speculative way, of the causative factors of crime. That the etiology of many violations of law may be found in various forms of insanity may again be demonstrated by the following statistics, which we have compiled from the records of the House of Correction and the Sceleth Emergency Hospital for the years 1909 to 1916 inclusive.

In 1912 a clinic was established at the House of Correction Hospital for the study of nervous and mental diseases. The establishing of the clinic apparently has marked a new era in the handling of prisoners in this institution. It meant that inmates who were mentally deficient and who because of such deficiency were unable to perform the duties assigned to them would not be punished, there would be no solitary confinement, no deprivation of privileges, but on the contrary they would be given such care and treatment as the individual case might require.

Inmates are brought to the attention of this clinic through the following sources:

1. By the resident physician examining all new inmates on admission to the institution.
2. By relatives who request neurological examinations.
3. By the recommendation of the court.
4. By the reports of guards who notice peculiarity in demeanor of an inmate.

In any instance he is taken to the hospital for observation. The resident physician of the department of neurology writes a mental history of the case and obtains a statement from relatives concerning the past life, education and behavior of the patient.

When the attending alienist arrives, the resident physician presents the patient with his record while in the hospital, together with such other information bearing on the case as he has been able to obtain.

Under present existing conditions many cases pass through the

[1]Practicing alienists in Chicago and members of the medical staff of the Chicago House of Correction.

institution without being brought to the attention of the neurological department for the following reasons:

1. Because of the large number of daily admissions to the institution, (averaging fifty prisoners and twenty emergency cases for each twenty-four hours).

2. The resident physician has only a few minutes for examinations, due to the fact that prisoners must be in their cells at a very early hour.

3. The guards are not trained in psychiatry.

4. The disinterest shown by relatives.

5. The court sends an individual with a mittimus on which is written "hospital recommendation." In many cases it is a question what the court wishes for this prisoner. The investigation of the court could be summarized and mailed to the proper hospital department where diagnoses could be made with accuracy and dispatch. The examination may have one of the following results:

a. He may be committed to the Psychopathic Hospital following the first examination, because his symptoms are quite definitely those of mental disease.

b. He may be held for laboratory findings or reports from other departments of the medical staff (as, for instance, the report of the occulist in suspected cases of general paresis, brain tumor, etc.).

c. A longer period of observation may be required.

d. He may be discharged from the neurological department. No inmate, to our knowledge, has ever failed to be subjected to an examination after such case had been referred to the neurological department for investigation by our staff physicians, or a request made from some source outside of the institution.

Oftimes, in fact in eighty per cent of our cases, repeated examinations are made, many times covering a period of more than a month, before all essential data can be collected from outside sources, necessary laboratory work done and the patient observed sufficiently to answer the question whether or not he may be liberated with reasonable assurance that he will not become a menace to society.

Our observations have demonstrated that commitment to a penal institution is in many cases a death sentence. We have learned that if a patient suffering from general paresis is exposed to cold and dampness, such exposure may pave the way for an acute attack of illness with resulting death.

Who is to blame for sending us mental defectives? One particular court? One judge? Our records will show that no court with

criminal jurisdiction in Chicago has been exempt from committing insane cases to the House of Correction. That the courts should make better arrangements for the handling of mental cases is well illustrated by the following tables:

TABLE. I.

TOTAL NUMBER OF CASES IN HOSPITAL FOR TREATMENT.

Years	1909	1910	1911	1912	1913	1914	1915	1916
Cases	1864	2101	2549	3118	4753	4642	4252	5639

Of the number above cited, 1,822 examinations have been made by the neurological department since 1912; there were of this number six hundred and thirty-five committable cases,[2] four cases of paralysis agitans, and one case of acromegaly. The remaining 1,182 cases were hysteria, neurasthenia, chorea and chronic alcoholism.

TABLE II.

SHOWING THE MANNER OF CLASSIFICATION AND THE NUMBER COMMITTED IN THE CORRESPONDING YEAR.

	1909	1910	1911	1912	1913	1914	1915	1916
Dementia precox	8	4	15	6	24	28	51	109
General paresis	8	2	5	6	17	26	32	56
Senile dementia	1	3	2	1	3	5	5	12
Alcoholic psychosis	4	2	7	3	6	15	10	19
Manic depressive	3	2	3	2	5	4	5	3
Tabo-Paresis	1	1	1	0	0	2	2	11
Juvenile paresis	0	0	0	0	0	0	0	1
Paranoia	1	1	2	1	2	2	5	4
Huntington's chorea	0	0	0	0	0	0	1	0
Feeble-minded	0	0	0	1	1	2	1	2
Epileptic psychosis	1	0	1	1	0	3	3	3
Traumatic psychosis	0	0	0	0	0	2	0	3
Korsakoff's syndrome	0	0	0	0	0	2	0	0
Toxic psychosis	0	0	0	0	0	1	0	0
Exhaustion psychosis	0	0	0	0	0	0	2	0

With the exception of two cases of dementia precox and four cases of general paresis all of the above cited cases were sent to the psychopathic hospital. The former were released to relatives who had the patients taken to private sanitariums, the latter four died while inmates of this institution.

We would call attention to the fact that during the three years and ten months covered by this report prior to the establishment of

[2]After the establishment of the clinic we very soon learned that the juries composed of laymen, who in those days decided the fate of the inmates at the detention hospital, would not, as a rule, commit cases to the hospitals for the insane unless the symptoms were exceedingly marked, and often not even then. For this reason many cases of undoubted insanity discovered in the clinic were not transferred to the psychopathic hospital. Since a commission has taken the place of a lay jury, this difficulty has ceased to exist, but even now we do not dare refer borderland cases, since there is no adequate provision for their care.

a clinic, only one hundred and nineteen cases were committed to the psychopathic hospital, while after the advent of the alienist four hundred and seventy diagnoses were made and the patients transferred to the detention hospital within four years and two months.

While the average increase in daily population has been about one hundred, yet positive cases have more than trebled, consequently we must assume that the greatest number of mental defectives passed through the institution undetected prior to 1912.

The average age of dementia precox was 29 years, of general paresis 51 years, of tabo-paresis 44 years, and of alcoholic psychosis 41 years. In three per cent of general paresis a positive history of lues was found on the records. Whether this small percentage of definite luetic histories was due to the pronounced dementia of the patient or to the inability of the history writer to obtain such information, we are unable to say. The one case of toxic psychosis was believed to be due to lead poisoning.

Perhaps the most striking feature of the above table is the relatively small number of alcoholic psychoses, which we believe can be explained by two facts:

1. Doctor Sceleth's method of handling chronic alcoholism.
2. That many cases are kept in the hospital each year until they can again assume their citizenship, without being a menace, although they have had distinctive findings of alcoholic psychosis. Of the entire number of cases committed fifty-eight were women.

The following cases are interesting from the fact that they were known to be mentally diseased before commitment to this hospital:

F. C., 26—Divorced; linotype operator. Arrested on a charge of vagrancy. Ran away from home five years previously. He would sit in his cell talking and laughing to himself. When removed to the hospital he became very apathetic. Had auditory hallucinations. Diagnosis, dementia precox.

J. H., 52—Single; laborer (deckhand). Patient stated that he had been drinking since he was twenty years old. Brought to the hospital because he became noisy in the station house. July 25, 1916, said he would like to commit suicide but had changed his mind since he received the $10,000 which was due him. July 26, 1916, insists that he is a physician and a specialist in all diseases. Escaped from restraints and attempted to turn "hand-springs." Diagnosis, alcoholic psychosis.

A. B., 49—Married; tailor. Disorderly conduct. Referred from detention hospital because he was thought to be suffering from delirium

tremens. No evidence of alcoholism could be found. Patient maniacal and attempted to bite attendants. Calling upon God to deliver him from his enemies. Diagnosis, manic depressive.

A. L., 21—Single; packer. Indecent exposure (second offense). Family history: Mother a suicide; father chronic alcoholic and very eccentric. Personal habits: Smokes, drinks brandy and beer. Had convulsive seizures for past five years, the attacks occurring about every three months. He was irritable and easily made angry. Restless and negativistic. Memory, judgment and ethical conceptions poor. Diagnosis, epileptic psychosis.

P. O. N., 40—Married; cabinet maker. Assault with intent to kill. Family history negative. Present illness began six months before admission to the hospital by loss of memory and the delusion that his wife was in the House of Correction for adultery. He stated that he was afraid to go home because his neighbors would stone him to death. Very irritable and easily made angry. Diagnosis, paranoia.

F. D., 29—Single. Assaulting his mother. Is now on parole from State Hospital for Insane. Family history negative. Onset of illness six years ago. The first unusual thing his mother noticed was his constant talking to himself. His memory had been bad "for a long time." Physical examinations showed exaggerated patellar reflexes. Mentally depressed. Stereotyped acts. Memory very poor. Diagnosis, dementia precox.

It is a deplorable fact that cases are time and time again recommitted to the House of Correction after once having been inmates to a state hospital for the insane, an occurrence which is, in many instances, the result of the custom existing in our state institutions of discharging uncured and not infrequently incurable cases. For illustration:

A. P., 52—Single; female. Committed in 1909 from this institution to the psychopathic hospital as a manic-depressive. In 1911 we find the same individual once more "doing time" in the House of Correction. She was here one week, became maniacal and necessity demanded that she be again committed to the psychopathic hospital. Again in 1914 it became necessary to commit her to the psychopathic hospital. A careful study of this girl's record elicits the astounding fact that she has been committed to the House of Correction more than one hundred times. Each time for some of the lesser statutory violations: Drunkenness, disorderly conduct and petty larceny. These commitments have covered a period of sixteen years.[3]

[3]Since this has been written, A. P. has again been discharged from the state institution and promptly rearrested and brought to the House of Correction.

A. C., 32—Female; single. Committed to this institution thirty-one times, transferred to the psychopathic on two separate occasions as dementia precox. Our last report on this patient was received in December, 1916, at which time she was an inmate of the psychopathic hospital, having been picked up by the police.

N. R., 32—Male; single. An escaped inmate of one of our state insane asylums, committed to this institution on a charge of assault. This patient presented the most pronounced stereotyped actions that have come under our observation in this institution. He would stand in grotesque positions and assume unusual attitudes for incredible periods He could recall neither the assault nor the incidents which led up to it. When questioned as to where he had been working, he stated that the last five years of his life were spent as an inmate of one of our state asylums. He was committed to the psychopathic hospital as a case of dementia precox.

Quite a large number of cases come to the hospital as chronic alcoholics, when their acts alone would seem to stamp them as mental defectives, as in the cases of:

J. C., 19—Single; male. This man jumped off a bridge into the river, was pulled out by the police and rushed to our hospital on a diagnosis of alcoholism. On being questioned by our resident physician as to the reason for his act, he stated that an angel came into his room and then quietly walked out of the house. The voice of God told him to follow; this he did, and when the angel walked into the river, he, the patient, followed. This patient absolutely denied ever having tasted alcoholic beverages and this statement was later substantiated by his parents. The marked tremor which the boy had before the time of his admission to the hospital was due to the low temperature of the water of the river and not to alcohol. Diagnosis in this case was dementia precox. The boy was later taken by his parents to the psychopathic hospital.

F. L., 49—Male; single. This man was picked up on the street by the police and brought to the hospital with a diagnosis of chronic alcoholism. Patient denied drinking. He was disoriented as to time and place. The signs of dementia were quite pronounced, there was a fine constant tremor of the hand and tongue, an exaggeration of patellar reflexes, the pupils were unequal, irregular, and reacted sluggishly to light. The Wasserman reaction of the spinal fluid was positive; there was pleocytosis and the Ross-Jones modification of Nonne's was positive. The diagnosis in this case was general paresis and the patient was sent to the psychopathic hospital as such.

What is the most economic and efficient method of preventing institutions of the character of the House of Correction from becoming a clearing house for mental defectives? No one can realize more fully the injustice done to these unfortunates than we who are in daily contact with them.

As a remedy for this rapidly increasing menace we would submit the following proposition, which would of necessity require a change in the procedure of the court.

To appoint an alienist as an officer of the court, whose duty it would be to investigate the reports of the officers or persons making the complaints in all cases where the nature of the act or the circumstances under which the act was committed would tend to arouse suspicion of mental abnormality.

He would require, and should have, the assistance of the entire staff of ambulance surgeons in reporting such cases.

A department should be established in the psychopathic hospital devoted exclusively to the investigation and observation of the criminally insane. A resident alienist at the House of Correction would undoubtedly be kept very busy examining those defectives who even under this plan would escape detection in the courts. Immediately upon the establishment of a positive diagnosis by the alienist of some mental disease in the person in custody, he should be transferred to this department at the psychopathic hospital for the criminal insane, and from there taken to the County Court and committed to some state institution for the insane where he could receive the care and treatment which his case required.

There is no doubt in our minds that quite a number of lives could be prolonged if such cases were not committed to penal institutions. Perhaps a cure could be obtained in some cases, which now for lack of proper treatment become incurable. The plan would eliminate the repeated appearances of insane violaters of law in court, would lessen the cost of the upkeep of the ambulance service, decrease the amount necessary to maintain the city hospital and automatically protect the patient and those with whom he comes in conact.

Is it Utopian to hope for the day when sufficient time may be found in the curriculum of law schools to give their students at least the fundamentals of criminal psychology, as has been done for years in some European countries? Not only would such a change result in a better administration of law, but it could not but help lead to an improvement in the laws themselves.